LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate AUCY HGOSTINE	Filer Identification Number	
MANCY AGOSTINE	DATE RECEIVED	
	MO DAY YEAR	
Full Name of Contributor GREGORY & LISA RUBINO	11 3 2017	
Mailing Address City FOIF PULL SA RUBINO Mailing Address State Sta	Amount \$ 500.00	
City FOIF State Zip Code (Plus 4)		
Full Name of Contributor	MO DAY YEAR	
Mailing Address	Amount \$	
City State Zip Code (Plus 4)		
Full Name of Contributor	MO DAY YEAR	
Mailing Address	Amount \$	
City State Zip Code (Plus 4)		
Full Name of Contributor	p3	
Mailing Address	Amount \$	
City State Zip Code (Plus 4)	Amount \$	
Full Name of Contributor	MO F TURN ON YEAR	
Mailing Address	Amount \$ 55 \$	
City State Zip Code (Plus 4)	TO 52	
Full Name of Contributor	MÖ DAY ŞYEAR	
Mailing Address	Amount \$	
City State Zip Code (Plus 4)		
Full Name of Contributor	MO DAY VEAR	
Mailing Address	Amount \$	
City State Zip Code (Plus 4)		
Full Name of Contributor	MO YEAR YEAR	
Mailing Address	Amount \$	
City State Zip Code (Plus 4)		
11 1		

Name of Person Submitting Report:	NANCY 1605TINE Date of Report: 11/6/17
Contact Phone Number:	490-7123
Email Address:	BNAUGIED AOL. COM